



# LEVEL V (MASTER) OFFICIAL CERTIFICATION FORM

Candidate \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Shirt size (Women's: XS-3XL, Men's: S-5XL): \_\_\_\_\_

## LEVEL III & IV CERTIFICATION (To be completed by the candidate)

### LEVEL III

Conducted a Level I Clinic

Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

Two (2) successful on-deck evaluations:

Position \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

### LEVEL IV

Conducted two (2) Level II Clinics:

Clinic \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

Clinic \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

Two (2) successful Referee evaluations:

Date \_\_\_\_\_ Meet \_\_\_\_\_ Evaluator \_\_\_\_\_

Date \_\_\_\_\_ Meet \_\_\_\_\_ Evaluator \_\_\_\_\_

### LEVEL V CERTIFICATION

*(To be completed by the Provincial Officials Chair)*

Conducted two (2) additional Level II Clinics:

Clinic \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

Clinic \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_ Evaluator \_\_\_\_\_

National meet experience – 2 sessions worked:

Date \_\_\_\_\_ Meet \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_ Meet \_\_\_\_\_ Position \_\_\_\_\_

Two (2) successful evaluations (one as Referee, second as Referee or Starter):

Date \_\_\_\_\_ Meet \_\_\_\_\_ Evaluator \_\_\_\_\_

Date \_\_\_\_\_ Meet \_\_\_\_\_ Evaluator \_\_\_\_\_

### Ratification

*The Provincial Officials Chair must send the completed and signed form to Christine Rowland at [crowland@swimming.ca](mailto:crowland@swimming.ca). All level V certification forms will be submitted to the Officials, Competitions and Rules Committee (OCRC) for approval.*

Provincial Officials Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provincial Executive Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

OCRC Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_